



# HOUSE OF REPRESENTATIVES

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### TESTIMONY OF MAINE STATE REPRESENTATIVE JESSICA FAY

#### HOUSE COMMITTEE ON EDUCATION AND LABOR

#### SUBCOMMITTEES ON HEALTH, EMPLOYMENT, LABOR, AND PENSIONS AND HIGHER EDUCATION AND WORKFORCE INVESTMENT

JULY 20, 2021

Good morning Chairs DeSaulnier and Wilson, Ranking Members Allen and Murphy and members of the subcommittees. I am Maine State Representative Jessica Fay, and I represent House District 66 in the Maine Legislature. Thank you for inviting me to testify at today's hearing entitled "Care for Our Communities: Investing in the Direct Care Workforce" to discuss the Direct CARE Opportunity Act.

In 2019, I had the privilege of serving as the House Chair of Maine's Commission to Study Long-Term Care Workforce Issues. I came at the issue with an open mind, as a legislator, but also as a consumer and family caregiver. Statistically, most of us will need some form of assistance with activities of daily living during our lifetimes. Because Maine is the oldest state in the country, we are seeing the crisis build – and be exacerbated by the COVID-19 pandemic.

In a pre-pandemic visit to a local high school vocational program in my district, the director of the program gave me a tour of their different offerings. The classrooms for coding, carpentry and automotive were busy and full. When we came to the health care area, there were only a few students – all female – in the class. As we walked away, I asked about participation in the CNA program and learned that it was declining. I asked what that might be attributed to and his answer really bothered me.

He said kids are smart, they don't want to go into dead-end jobs. They understand the earning potential of various professions and choose their paths based on that.

#### **Value the Work**

Early in the vaccine rollout, homecare workers (PSS and PCAs) in Maine, who aren't considered part of the health care workforce, had a hard time getting vaccinated. There was a lack of access

simply because of their designation outside of the health care system, even though they were going into people's homes and providing essential care every day. This was not only a public health problem, but also a vivid reminder of how these workers are viewed.

When we have an undervalued workforce caring for an undervalued population, we have a system that doesn't work for anyone. Increasing the pay for essential caregivers is a necessary component of attracting and retaining a diverse set of people to do this economically foundational work. It is a necessary piece of the solution, but not sufficient on its own to solve the crisis we face.

One of the barriers I've seen in Maine is that this workforce is seldom included in conversations about economic development. In the quest for high-paying jobs in sectors like clean energy and tech, or even in the medical field, often the foundational jobs are left out of the conversation. It is important that when designing programs through states' Departments of Labor and Economic Development we include caregiving jobs as career choice. During the pandemic, we saw the lack of child care have a significant impact on local economies as people left the workforce to care for their children. This is also true concerning care for older family members and people with disabilities.

If the public perception is that caring for older adults and people with disabilities is dead-end work, then an important part of the solution is to change that perception. We must address not only the workforce challenges, but also ageism and ableism that leads to the devaluation of the care necessary for older people and people with intellectual and physical disabilities to live their best, most independent lives.

Raising public awareness about the need and value of caregiving jobs is one of the tools that can be deployed to begin to change the perception that this work is "dead-end"

### **Recruitment and Retention**

Historically caregiving has been a highly gendered, often unpaid vocation. Given the need, Maine's current workforce of 30,000 doesn't begin to meet the number of hours of approved MaineCare services and we need to broaden the workforce. Our situation in Maine is a bit different than it is nationally when it comes to race and the participation in the caregiving workforce. Nationally, a significant percentage of the workforce is made up of black and brown women, while in Maine, our caregiving workforce is primarily older, rural white women. This is likely attributable to state demographics. We need to diversify our workforce by age, gender and race if we are going to solve our shortage.

Professionalizing the workforce by offering ongoing paid professional development, supportive supervision and opportunities for advancement in terms of both responsibility and compensation were all recommendations of the commission I chaired. By making sure that there is flexibility in the model that allows this to happen, both for rural and urban communities, but also by care setting and provider, I believe will enhance the efficacy of programs designed to attract and retain direct care workers. Additionally, making sure personal care workers are considered part of a care plan and care team will aid in elevating the status of the work they do.

## **Workforce Development**

With some guidance, institutes of higher education, adult education programs and Career and Technical Education Centers, including high school vocational education programs, could develop and target education and certification programs for direct care workers. Apprenticeships, earn as you learn and pre-apprenticeship programs are all possible ways that funds could be used to enhance the workforce. Career and Technical Education Centers could also develop worker pools of students, including students with disabilities, interested in working as direct care workers on a part-time and/or flexible schedule basis. Creating a path to professional growth through career ladders will also be a critical piece of the puzzle.

Because the work is an important part of the care continuum, the Commission asked that all health care degree programs that require practicum experience include practicum requirements and rotations in the long-term services and support sector.

## **Qualifications and training**

If we were able to conform entry-level direct care workers credentials in order to create a continuum, align qualifications across settings wherever possible and create a “universal worker” who could work in multiple settings, we could help address some of the bottlenecks that can occur when people do the same work in different settings and are paid differently. The Legislature recently asked the Maine Department of Health and Human Services licensing bureau to begin work on this. There was a statutory language change that aims to dispense with the alphabet soup of acronyms that refer to direct care work in different settings. I believe that this simplification of language will help not only the Legislature, but also consumers understand that we are referring to the work being performed and not the setting in which it is being performed.

Online and flexible training schedules with well-developed training tools can help potential workers access education without traveling long distances. A good example of this type of online program is the Maine Direct Service Worker Training Program, developed by the University of Southern Maine’s Muskie School of Public Service.

One of the most significant barriers to implementation of any of the recommendations the Commission made has been funding. MaineCare (Medicaid) providers are barely scraping by, and many are even closing, they don’t have money to train or do professional development with their workforce, let alone offer career advancement opportunities. Access to funding for training and retention and for developing evidence-based methods to increase the workforce, as proposed in the Direct CARE Opportunity Act, would certainly increase our ability to care for Mainers who need it.

In the State of Maine, there are 850 older and disabled Mainers in the Home & Community Based Services Waiver who cannot access service they qualify for. There are 250 Independent Services and Supports (state-funded) program clients who have no staffing at all, and there are 1,000 more on a waiting list. There are empty beds in nursing homes and assisted living facilities

due to staffing shortages and people are spending longer than necessary in hospitals because there is nowhere to discharge them.

Maine is a small state with a population of 1.34 million people, we are older and more rural than any other state in the lower 48. We have significant work to do to address this crisis. We have significant work to do to elevate and value the work that so many find so rewarding yet difficult to make ends meet doing. We need all-hands on deck and many different strategies to make a change, and I am grateful to the members here today for recognizing there is a crisis and who are working to craft solutions that will allow caregivers and those they care for to live their best lives.